Office Use Only **PERMIT NO. 2008-**

- Application and vessel registration must be in the SAME NAME and ADDRESS
- Remember to ATTACH a copy of the current year's registration
- Permits are NOT transferable
- Any powerboat 20'6" and over must first be inspected and approved.

 Please obtain your launching facility permit your 2008: California Sports # 							
Please	print						
OWNERS' NAME (last) (first)			(initial)	(initial) HOME PH		HONE	
ADDRESS CITY			ITY	ZIP	WORK PHO	DNE	
or sp	ecial lagoon notic	es, please provide	email address:				
PERMIT FOR: F		Powerboat	Make	Leng	gth		
			(Under 12" i	n length)			
			•		for ALL passive vesse	els)	
		Boardsail		•	·	,	
	Other (Length			
			С Г				
VESS	SEL REGISTRA	TION NUMBER:					
		(1	Required for all powere	ed vessels and sailbo	ats over 8 feet)		
FIRST	mylour use of our property account of a liabilities or city or its off including but Lagoon surf the City or it	may be imposed upon them for injury to or death of persons or damage to property as a result of or arising out of my/our use of Agua Hedionda Lagoon including any injury or death to me/us or my/our family, or damage to my/our property. I/We further agree to pay any and all costs and reasonable attorneys' fees incurred by the City on account of any such claims, demands, liabilities, or losses. This agreement shall not apply to claims, demands, liabilities or losses proved to have been caused solely by the active negligence or intentional misconduct of the city or its officers or employees. In executing this agreement, I/we accept all risks present in using the Lagoon including but not limited to risks created by the use of the Lagoon by others, or from the condition of the Lagoon surface, bottom or shoreline, except to the extent that those risks are created by active negligence of the City or its officers or employees.					
	SIGNATURE	(Registered/legal of	wner)	DATE			
	(Fill this out ONLY if using this payment option)						
	Master Card Expiration or Visa No. Date:			Signature:			
		FOR OFFICE USE ONLY					
	VERIFY: SHM#	BC# C			BC Non-Res		
ME					by: Check/Cash/Charge		
AST NAME	Annual Power	Add'l Powe	er Anr	ual Passive	Add'l Passive	Replacement	
\ST	Permit Issued: Temporary			An	nual		
		Dates: fron		/by	Date	/by	